

Melrose-Mindoro School District
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Deanna Wiatt, Superintendent
Rick Dobbs, Junior/Senior High School Principal
Corey Peterson, EC-6th Grade Principal

Head Lice Checklist

Dear Parent/Guardian:

The following checklist must be completed and returned with your child before he/she is readmitted to class.

The following procedures were followed:

_____ I have shampooed my child's hair with (name of product) _____
lice shampoo, following the directions exactly as written on the package.

_____ I am offering proof of having done so. (Please provide a copy of receipt or packaging to the school nurse).

_____ I have combed through my child's hair carefully with a nit comb, removing all lice and nits from his/her hair.

_____ I will continue to check my child's head daily and remove any more nits found until all evidence of head lice is gone.

_____ All others living in the home were inspected for lice/nits and treated if lice/nits were identified.

_____ Soak all combs, brushes, barrettes, and any other item that hold hair in place in lice shampoo or very hot water (at least 150 degrees F) for 60 minutes. This water temperature may harm some items such as the combs, brushes, etc..

_____ All bed linen was washed in hot water and dried in the dryer for at least 20 minutes. (Be sure to stagger wash loads to maintain hot water at 150 degrees).

_____ All caps, coats, sweaters, and clothing that my child has been wearing were washed in hot water and dried in the dryer for at least 20 minutes.

_____ Stuffed toys or objects such as clothing or bedspreads which cannot be washed were tied in an airtight plastic bag. (These items are to stay bagged for 2 weeks or placed in the freezer for 48 hours).

_____ All carpets, chairs, rugs, sofas, pillows, mattresses, car seats or anything that the head would touch were vacuumed thoroughly.

_____ Students were reminded not to share combs, barrettes, hair ribbons, hats, coats, sweaters, etc..

Thank you for your cooperation in treating this matter effectively.

STUDENT _____

Grade _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

NURSE SIGNATURE _____

DATE _____